

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee American Media & Advocacy Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 815 Slaters Lane			Amount 952836.80		
City Alexandria	State VA	Zip Code 22314	Transaction ID : 001		
Purpose of Expenditure Media placement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016		
Name of Federal Candidate Bera, Ami, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 953200.13			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee DMM Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 1911 N. Fort Meyer Drive Suite 400			Amount 14804.21		
City Arlington	State VA	Zip Code 22209	Transaction ID : 002		
Purpose of Expenditure Media production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016		
Name of Federal Candidate Bera, Ami, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 968004.34			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	967641.01
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 13 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
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Full Name of Payee DMM Media			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 1911 N. Fort Meyer Drive Suite 400			Amount 2795.52		
City Arlington	State VA	Zip Code 22209	Transaction ID : 003		
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016		
Name of Federal Candidate Bera, Ami, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		970799.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee The Prosper Group			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016		
Mailing Address 435 East Main Street Suite 250			Amount 19042.00		
City Greenwood	State IN	Zip Code 46143	Transaction ID : 004		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2016		
Name of Federal Candidate Bera, Ami, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		989841.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21837.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	989478.53

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, ,

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Date

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10 / 13 / 2016

Signature